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# Prison and mental health: A brief look at health policy in the context of penal enforcement

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**ABSTRACT**
The article was produced from the studies and analysis of the research "Social Policies and Prison: an evaluation of the penal execution policy", linked to the Graduate Program in Social Memory and the Social Work Course of the Federal University of the State of Rio de Janeiro (UNIRIO). The article aims to analyze the processes of annulment of subjectivity and illness from the perspective of mental health of individuals deprived of liberty. Incarceration, removal of family and community ties, leisure, loss of autonomy over aspects of everyday life and the unhealthy prison environment are elements that contribute to the degradation of the mental health of inmates. Studies show that people deprived of liberty are more affected by mental disorders than the general population significantly. Therefore, the article presents an analysis of these issues and also of health policy in the scope of criminal enforcement.

**Keywords:** Prison, Mental health, Public Policies.

## 1 INTRODUCTION

The article presents the debates produced in the research group "Violence, Prison and Public Policies" and in the research entitled "Social Policies and Prison: an evaluation of penal execution policy", linked to the Graduate Program in Social Memory (PPGMS) and the Social Work Course at UNIRIO. The qualitative research has a theoretical-methodological framework of historical and dialectical materialism, with the objective of analyzing the contradictions implicit in the operationalization of social policies in the context of penal execution.

From a critical analysis of contemporary society (in which the fragmentation of the subject becomes a central aspect of life, in contrast to homogenizing institutions and social practices), the

identity relations and the processes of "mortification of the self" that are produced and reproduced in the prison environment will be analyzed.

Article 5 of the Penal Execution Law (LEP) No. 7,210 of July 11, 1984 establishes respect for the treatment of those who transgress the law, that is: "the convicted shall be classified, according to their antecedents and personality, to guide the individualization of penal execution." In practice, above all, this right is not respected and individualisation is not ensured.

The social policies developed in the prison environment reproduce the same logic of targeting, selectivity and precariousness as the Brazilian social policies. In this sense, the incarcerated population suffers from the same problems and problems as the Brazilian population as a whole. The reality found in prisons makes it evident that health policy is not executed efficiently. Prison conditions intensify the emergence of health problems, and impose a series of obstacles to access to medical care.

By entering the prison system, individuals have more than their right to liberty suppressed, these individuals end up having their human and social rights violated. The violation of the right to health is evidenced when we observe the infrastructure of prisons, which keep the population in overcrowded environments with poor lighting and ventilation, where individuals enter with infectious diseases in an environment that facilitates the contamination of other people and also by the lack of access to medical care within prison units.

Incarceration, the distancing from family and community ties, idleness, the loss of autonomy over aspects of daily life, and the unhealthy environment of prisons are elements that contribute to the degradation of inmates' mental health. Studies show that people deprived of liberty are significantly more affected by mental disorders than the general population.

In the U.S., it has been found that more than half of the prison population suffers from mental disorders, reaching the number of inmates in local prisons. A study carried out in Chicago in the USA showed that prisoners in that state had rates of mental disorders up to 4 times higher than the local population, and that among women prisoners it was found that approximately 81% of them had at least one psychiatric disorder during their lives, indicating a worsening related to gender issues. The main disorders presented were depressive symptoms, drug abuse, and post-traumatic stress disorder. In countries such as France, Honduras, England, New Zealand and Scotland, high rates of mental disorders have also been observed among the prison population.

This article is structured in two sections: first, we present the data and analyze the health policy in prisons and, later, in a second section, we analyze the process of illness and the mental health of subjects in situations of deprivation of liberty.

## 2 HEALTH POLICY IN THE PRISON ENVIRONMENT

The National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System - PNAISP was born with the decline of this model and the urgent need to promote the effective inclusion of Persons Deprived of Liberty in the Unified Health System (SUS). Published on September 9, 2003 by the Ministries of Health and Justice, the National Plan for Health in the Penitentiary System (PNSSP) aimed to bring the prison population closer to the SUS, seeking to ensure that the right to citizenship would be effective in a human rights perspective.

All types of health problems that society faces are also found in the prison system, but they can be exacerbated due to the precarious conditions of confinement. The overcrowding and unhealthy structure of the cells with humidity, dirt, poor lighting and ventilation have an even greater impact on health demands, facilitating transmission and hindering the treatment of patients. diseases. Therefore, in this scenario, it is mandatory that public policies are transversal, in order to serve everyone in all their specificities.

In order for these obstacles to be progressively reduced, it is of paramount importance that there is articulation between health and prison administration managers, at all levels of the federation, in order to prioritize the guarantee of human rights and the dignity of people deprived of liberty, as well as the health, safety and maintenance of health actions for those who live or attend prison units.

The right to health is guaranteed by the Federal Constitution of 1988 and by the Unified Health System (SUS). Such devices indicate Primary Care as the organizer of this System, that is, the prison units will be the "gateways" and "point of care" of the Health Care Network.

The services will be formed by prison primary care teams (EABP), which will organize health in the prison units with the From the perspective of health promotion, disease prevention, treatment and follow-up, allowing this population to have access to urgent and emergency services, specialized and hospital care in the network outside the penitentiaries, whenever there is a need for more complex care. Many of these actions and services are configured in the SUS as networks: Urgency and Emergency Network, Psychosocial Care Network, Care Network for People with Disabilities, among others, to which the prison population should have access.

The entry of individuals deprived of liberty into the penitentiary system should prioritize actions for the early diagnosis of diseases, especially communicable diseases, health promotion and disease prevention, using established clinical protocols and collecting laboratory tests and immunization, according to the basic vaccination schedule. Consequently, these actions should be records by the multidisciplinary health team in the medical records of each individual deprived of liberty, who should have access to their medical records whenever they wish and, in particular, when they leave the prison system, at which time a copy of these records will be given to them.

Considering the Brazilian reality and, specifically, the penitentiary system of the state of Rio de Janeiro, individuals deprived of liberty when they enter prisons do not undergo medical examinations or diagnoses, in particular due to the absence of professionals, equipment and infrastructure.

In Prison Policy Management Model (2016), prisoners are said to undergo health checks before being taken into custody, as many people arrive at prisons sick. The exams have the function of: (i) mapping the most common diseases within these establishments; (ii) prevent the proliferation of infectious diseases; and (iii) guarantee medical assistance to the newly imprisoned, who - once imprisoned - will have his well-being permanently protected by the State.

According to the institutional documents researched, the general guidelines of the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System are:

- **Completeness**

Health teams in the prison system should be oriented and trained to provide comprehensive health care to people deprived of liberty, prioritizing health promotion, disease prevention and recovery actions, referring the most complex actions to specialized care in the Health Care Network.

- **Intersectorality**

Health actions in the prison system should be understood in their broadest dimension, aiming at creating the necessary conditions to guarantee the rights of people deprived of liberty, within the scope of the SUS, and in partnership with the related governmental and non-governmental sectors.

- **Decentralization**

Comprehensive health care for the Population Deprived of Liberty is the responsibility of the three levels of management, according to the competencies of each one, provided for in Law No. 8080, of September 19, 1990, in Decree No. 7,508, of June 28, 2011 and in Interministerial Ordinance No. 1, of January 2, 2014.

- **Hierarchy**

Universal and egalitarian access to health services, which begin at the entrance door of the SUS and are completed in the hierarchical and regionalized network, in order to meet the demands of the population in the various levels of complexity of the health services offered. Since prison health services are basic health units, they must be articulated with the other services of the Health Care Network, following the referral and counter-referral flows in order to guarantee the population deprived of liberty full access to SUS services and actions.

- **Humanization**

Health practices should be guided by the principle of humanization, understood here as attitudes and behaviors of health managers and professionals that contribute to reinforce the character of health care as a user's right. In this sense, the health care of the population deprived of liberty should be guided

by respect for all differences, without discrimination of any kind and without the imposition of personal values and beliefs by health professionals.

The Prison Policy Management Model (2016) establishes that the prison should be understood as a space for social protection:

> (...) protection for the subject in deprivation of liberty, who must be guaranteed life and all other rights embodied in norms and laws; protection for society, since society, when producing penalties and imprisonment, chose to assume that those who are considered aggressors of norms and laws should be held accountable and have their social life restricted; protection for the the State, since, in ensuring rights and assistance, the State It evidences its role as regulator and mediator of social relations, legitimizing itself and the laws that govern it, govern society and govern punishments and punishments. (DEPEN: 2016, p.41)

As we have already pointed out, individuals who are in a state of deprivation of liberty have all individual and social rights, excluding only the right to liberty. In other words, the State is directly responsible for this subject and for the enjoyment of its legally established prerogatives.

In the fight against the violation of the rights of the penitentiary population, the provisions of the LEP and the Prison Policy Management Model are configured as fundamental tools: the first as a law; and the second, as a guiding document of the Government for the execution of the prison policy.

The LEP points out that it is the duty of the State to maintain the relationship between the network of penitentiary hospitals and other public hospitals, with the objective of ensuring full health care for those assisted. That is, the patient should be transferred to an extramural public health unit, if there are not the necessary facilities and care for treatment in the hospital units of the Penitentiary System. According to the Penitentiary Management Model:

> Health care is an inherent concern of prisons, either because health problems are exacerbated in such establishments, or because any care of greater complexity that cannot be performed within prison units will be understood as a risk factor to the safety of the establishment, its employees and the location where the prison unit and the referral hospital where people deprived of education are located. freedom that need to be served. (DEPEN: 2016, p. 114)

In addition to networking work, the LEP provides specific care for women's health, especially in the prenatal and postpartum periods, extending to the newborn. This denotes the great social advance brought about by the legislation, as it establishes means to guarantee the well-being of the penitentiary population.

The Report of the United Nations Office on Drugs and Crime (UNODC), carried out in partnership with the World Health Organization (WHO), shows that both the incidence of mental disorders and the transmission of infectious diseases have a significantly higher rate within the prison population than in the general population (UNODC & WHO, 2013, p. Thus, specific measures are necessary for the insertion of public health systems in the dynamics of prison units.

Specifically in Brazil, the World Report on Human Rights in the World – 2016 Edition, presented by Human Rights *Watch*, highlights that the incidence of HIV in prisons is 60 times higher than in the rest of the population. The proportion, when based on tuberculosis cases, is of the order of 40 times.

The data from the last Infopen (2020), collected from July to December 2019, show that, due to the scarcity of human and material resources, the Prison Health Sector Policy became impractical. Before talking about the data, it is important to reaffirm the situation of the Brazilian Penitentiary System.

> Thus, even if the lodgings are equipped with places for the storage of personal belongings, places of personal hygiene and beds, the factors mentioned here prevent these spaces from being maintained with the appropriate conditions of hygiene, salubrity, ventilation and lighting, becoming critical environments for safety procedures and conducive to the spread of diseases and disorders. (DEPEN: 2016, p. 112)

In addition to the critical unhealthy situation, other recommendations are violated. As we pointed out earlier, despite the importance of medical examinations prior to incarceration, there is no framework for the implementation of these medical examinations. In addition to the structural shortage, there is also a lack of human resources.

Analyzing only the prison system in the state of Rio de Janeiro[1], there are currently 52 prison units, with 50,822 people in prison[2]. At this juncture, 80% of the state's prisons have a doctor's office; only 36% of prisons have establishments with a collection room for laboratory material; 22% have an observation cell; 20% have toilets for patients and 66% have toilets for health staff; 16% have central sterilized material/purge; 10% have a washing and decontamination room; 14% have a sterilization room; 32% have a cleaning material deposit (DML) and 0% have an infirmary cell with a solarium (INFOPEN, 2019).

In addition, the human resources of these institutions have: only 21 general practitioners, 4 gynecologists, 14 psychiatric doctors, 11 physicians of other specialties, 72 nurses, 29 psychologists, 22 dentists, 28 social workers and 19 lawyers.

According to the most recent data from INFOPEN (2020) – collected in 2019 – the total number of incarcerated people is over 755 thousand, and the deficit of vacancies reaches the mark of 320 thousand. In other words, considering that the total number of vacancies in the prison system is 442,349, the current capacity of prisons is 170%.

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[1] Data from the National Penitentiary Department Information System (SISDEPEN) from July 2019. Available at: http://antigo.depen.gov.br/DEPEN/depen/sisdepen/infopen/relatorios-analiticos/RJ/rj. Accessed on: January 13, 2021.

[2] Infopen, December/2019. Available at: https://app.powerbi.com/view?r=eyJrIjoiZWI2MmJmMzYtODA2MC00YmZiLWI4M2ItNDU2ZmIyZjFjZGQ0IiwidCI6ImViMDkwNDIwLTQ0NGMtNDNmNy05MWYyLTRiOGRhNmJmZThlMSJ9. Acesso em: 11 de janeiro de 2021.

A 2013 study by FIOCRUZ showed that among the physical health problems presented by inmates, the following stand out: musculoskeletal problems, such as neck, back and spine pain (76.7%), joint dislocation (28.2%), bursitis (22.9%), sciatica (22.1%), arthritis (15.9%), bone fracture (15.3%), bone and cartilage problems (12.5%) and muscle and tendon problems (15.7%); those of the respiratory system, such as sinusitis (55.6%), allergic rhinitis (47%), chronic bronchitis (15.6%), tuberculosis (4.7%) and others (11.9%); and skin diseases[4]. Thus, considering the existence of these comorbidities, there could be an increase in the mortality of inmates, and it is not possible to determine, with scientific knowledge so far, in what percentage. (FIOCRUZ, 2013 apud CREMERJ, 2020)

In this sense, Alexandra Sánchez, from the Prison Health Research Group (Gepesp/ENSP/Fiocruz), found in a study that the mortality rate among prisoners in Rio de Janeiro is five times higher than the national average. Thus, it was concluded in the research that, in most cases (83%), deaths are associated with diseases (natural causes), whose deaths could have been avoided if they had been diagnosed and treated.[3]

In view of this critical situation, it can be affirmed that - in the Brazilian prison system - there is a generalized violation of the fundamental rights of prisoners, and of everything that is dear to human dignity. The Pandemic caused by the new Coronavirus has made this scenario even more worrying.

Faced with the need to more intensify the fight against the Covid-19 pandemic, the National Penitentiary Department (DEPEN) issued some determinations to be complied with in a prison environment, in order to avoid contamination of the disease in these facilities[4]. They are:

I. Restriction of entry and suspension of visits; assistance from lawyers and public defenders;
II. Isolation of symptomatic cases, prisoners over 60 years of age or with chronic diseases;
III. Mandatory screening in prison units (before admission);
IV. Recommendation No. 62/2020 of the National Council of Justice;
V. Production of technical notes and guiding manuals;
VI. Distribution of 87,000 rapid test kits – (cost of 11.2 million reais);
VII. Distribution of individual equipment (11 million reais);
VIII. Technical support from infectious disease physician and epidemiologist;
IX. Daily asepsis in the cells.

It is important to reinforce that COVID-19 is dangerous and highly contagious even for those who have access to resources and means that can prevent contamination. In this wake, for the prison population, for whom all resources are scarce, the scenario is delicate. After all, prison institutions are

[3] FIOCRUZ. SÉRGIO AROUCA NATIONAL SCHOOL OF HEALTH. **Report**: Mortality rate among prisoners in Rio de Janeiro is five times higher than the national average. 25 Apr. 2019. Available at: http://www.ensp.fiocruz.br/portal-ensp/informe/site/materia/detalhe/45983 . Accessed on: January 13, 2021.
[4] Website of the National Penitentiary Department - DEPEN. Available at: http://antigo.depen.gov.br/DEPEN/prevencao-ao-covid-19-no-sistema-prisional-informacoes-complementares. Accessed on: January 10, 2021.

historically characterized by their conditions of extreme unhealthiness, overcrowding, and violation of basic rights. These characteristics, added to the vulnerable health of the prison population, end up composing the perfect scenario for the mass proliferation of the virus.

In addition to being unfeasible (due to overcrowding in prisons) social distancing between inmates, other health measures to combat COVID are difficult or impossible to execute. This is because, in addition to crowding, there are a number of other circumstances that aggravate the unhealthiness of the penitentiary environment. Along these lines, according to the "Partial Report on the impacts of COVID-19 on the Prison System of Rio de Janeiro" of[5] the State Mechanism for the Prevention and Combat of Torture of Rio de Janeiro – MEPCT/RJ:[6] (i) prisoners do not have proper access to water to sanitize their hands, which is without origin and with restricted use; (ii) prisons are stuffy environments that prevent the free circulation of air; (iii) the absence of medical teams to care for inmates is notorious; (iv) the prison system is incapable of dealing with a pandemic; (v) there are no SUS vacancies available; (vi) jails are overcrowded (INFOPEN, 2019).

To analyze the health policy in Brazilian prisons is to highlight the absence, invisibility or inconsistency of official data. Increasingly, the importance of conducting research to reveal reality, subsidize a critical debate and provide the planning of new public policies is growing. After all, guaranteeing the rights to health, education, work and social assistance is a constitutionally foreseen challenge, which cannot find barriers even in prison bars. The COVID-19 pandemic has highlighted the urgent need to implement these policies in the prison environment and in Brazilian society. Next, we will analyze the specificities of mental health in prisons.

## 3 THE ISSUE OF MENTAL HEALTH IN PRISONS: SOME NOTES AND ANALYSES

In the penal execution policy there is no continuous flow and methodology for evaluating the policy, there are obstacles in the process of integration between the various social policies, in addition to following a logic of targeting, selectivity and precariousness. Prisons have pragmatic, emergency and compensatory services for shortages. Meritocracy is used to meet the social needs of prisoners through a bureaucratic process.

In addition, the authors elucidate that the implicit and explicit contradictions and the power struggle in the field of assistance in the context of penal execution is a reality, hindering access to social

[5] Partial Report on the impacts of COVID-19 on the Prison System of Rio de Janeiro. Available at: http://mecanismorj.com.br/wp-content/uploads/Relat%C3%B3rio-parcial-do-MEPCTRJ-sobre-o-COVID19-no-sistema-prisional-atualizado-21.06-final.pdf. Accessed on: January 10, 2021.

[6] The State Mechanism for the Prevention and Combat of Torture of Rio de Janeiro (MEPCT/RJ) is a body created by State Law No. 5,778 of June 30, 2010, linked to the Legislative Assembly of the State of Rio de Janeiro, which aims to plan, carry out and conduct periodic and regular visits to spaces of deprivation of liberty. Whatever the form or basis of detention, imprisonment, restraint or placement in a public or private institution for control, surveillance, internment, shelter or treatment, to verify the conditions to which persons deprived of liberty are subjected, with a view to preventing torture and other cruel, inhuman or degrading treatment or punishment.

and welfare rights from the perspective of citizenship and universality, the condition for prisoners to access such rights is a good index of behavior and discipline.

The structures of the prison units themselves are also not designed to guarantee universal care and access to care for the entire prison population, not only hindering the success of the professionals who work there, but also encouraging the illness of these professionals. The criterion for care is the prisoner with the greatest need.

"The LEP has not gained the effectiveness necessary to guarantee and access the rights of the imprisoned population." (FACEIRA, LEMOS and SILVA, 2022, p. 10), even though the Management Model for Prison Policy considers the articulation between state agencies fundamental for the universalization of access, it does not occur and there is still the rephilanthropization and commodification of public policies within this dynamic.

In Brazil, data from the State of São Paulo were published in 2006, which also show the high number of prisoners with mental disorders, which at the time was 61% of the prison population of the State and, as in the Study carried out in Chicago, shows a higher incidence among women prisoners.

Research aimed at the study of the mental health of people deprived of liberty is recent and was carried out by the World Health Organization when initiating the "Health in the Prison System Project" created in 1995. And from this first project, international standards were established with the purpose of defining the quality of the treatment offered to prisoners, with the objective that prisoners would not leave prison in a worse state of health than when they entered, a fact that is unfortunately common to this day.

Based on a cross-sectional study of self-assessment of the health conditions of the prison population in the State of Rio de Janeiro in 2013, data were collected on health conditions, lifestyle habits and the use of health services. The study was carried out from a sample of 1573 prisoners from a population of 24,231 inmates from 33 units of the State, 1110 men and 463 women, excluding hospitals, patronages, shelters, agricultural colonies and military units.

In the study, the Beck Depression Inventory, which is an instrument that reflects the increasing degrees of depression severity, and the Stress Symptom Inventory for Adults referring to the phases of Stress were applied.

The research, approved by the Research Ethics Committee of the Oswaldo Cruz Foundation/Fiocruz, begins with a profile of the prisoners, more than half of whom are up to 29 years old, black and brown and 80% practice some religion. Among men, 47.2% are single and 43.7% are married, while among women the number of single women is higher, totaling 58.8%.

A good relationship with family ties was reported by 77.4% of men and 68.7% among women. Men also receive more visits, adding up to 73.9%, while women have a percentage of 58.6%.

The results of the Stress Symptom Inventory for adults showed that women are the main victims of this symptom, totaling 57.9% of the women who participated in the research and among men the percentage was 35.8%. Women also suffer more from major depressive symptoms, accounting for 7.5 percent, while men account for 6.3 percent. Regarding moderate depressive symptoms, the number of women is significantly higher than that of men, totaling 39.6%, while men totaling 24.8%. It has been observed that prisoners without family ties or with a poor relationship with the family bond are more likely to develop mental health problems, both men and women. Other factors such as religion and work activities also contribute to the state of mental health, inmates who practice religion more frequently and who have some work activity inside prisons are less likely to have mental disorders.

The research makes it evident that a large part of the incarcerated population in the State of Rio de Janeiro suffers from stress and depressive symptoms and as previously mentioned, this reality is not only present in Rio de Janeiro, but also in the rest of the country and the world. These data reiterate the importance of mental health services for the prison population, especially women.

Despite the urgent need to develop health policies for the mental health treatment of inmates, the State of Rio de Janeiro, according to the DEPEN analytical report of June 2022, has 62,437 people in the prison population distributed in 51 penal establishments while they have only 24 psychiatrists and 32 psychologists.

In view of these data, it is important to reiterate the need for investments in health policy in the context of penal execution in general and also with a focus on mental health, to expand the development of mental health research aimed at the prison population, together with the development of strategies to strengthen family bonds, which are so important when it comes to mental health. There is a need to rethink the entire penal execution policy, because the prison population has its human and social rights systematically violated and the living conditions in prisons, the infrastructure itself, overcrowding, torture and idleness to which the population is subjected are determining factors for the emergence and aggravation of mental and physical problems.

In the Brazilian Penitentiary System, the public health program is not used in the same way as it is outside of it, since there are several reports that refer to the lack of basic assistance for the incarcerated, such as: the lack of several categories of medicines, the high demand for instruments for care practices and the lack of information for the inmates about how to have and maintain any physical well-being, in the prison environment.

Several points can be raised when it comes to the difficulty in implementing the promotion, prevention and recovery of the health of inmates, and one of the main ones affected by the low demand for basic care of the SUS are pregnant incarcerated women and puerperal women.

According to the documentary "Milk and Iron" directed by Claudia Priscila, in 2007 the inmates reported their experiences until they were arrested, where it was common for women to have a history

of family conflicts, drug problems, teenage pregnancy, relate to people involved in the world of crime, creating a reality seen as problematic, but that they would see as something common and normal, For example, one of the interviewees in the documentary told her experience of having an overdose to the other cellmates, making the others identify with her story saying that something similar would have happened to them, in addition to showing their realities in relation to the lack of pediatric care for newborns in the prison, the lack of information regarding the care of the children and also about the fate of the newborn after they have to leave them, as this is not decided by them but by the judge, if there is no family member to take the baby in, he will be sent to a shelter, where he can later be adopted by another family without notice and consent from the mother.

Among the most common reports of pregnant and postpartum inmates, in general, is the fact that they were handcuffed at the time of delivery, being exposed to various forms of psychological, physical, sexual, verbal violence by health professionals. Until then, there is Law 9.263/96 that guarantees pregnant women all types of assistance, be it family planning, access to prenatal care, childbirth, puerperium and newborn care through the Unified Health System (SUS), but this law does not seem to fit for prisoners who are in their pregnancy period, since there are several testimonies where they mention mistreatment during their stay in the hospital, so only in 2022 will Law no. 7.210 (Penal Execution Law) was amended to ensure that pregnant or postpartum women prisoners receive humane treatment before and during labor and during the postpartum period, as well as comprehensive health care for themselves and their newborns. In view of this, there are still several setbacks in relation to these problems presented.

Due to the facts presented, we can observe a great deficiency in relation to public health policies in penal execution, where we can highlight the indifference and lack of resources when it comes to the quality of health in the prison system. Society as a whole has the belief that everything that is offered to the detainee should be in a precarious way, that he is not seen as a human being with rights to the most basic needs of man in the form of punishment for the crimes committed, but this is only the reality for a specific group of society, who are predominantly black people who have always lived with poverty and government negligence where they did not have access to basic health, education, food, security, among other basic aspects.

## 4 FINAL THOUGHTS

Prison is an arid, contradictory terrain that denies human and social rights, annulling the historicity and citizenship of the various imprisoned subjects. The article highlights some contradictions inherent to the prison scenario, emphasizing the importance of giving visibility and breaking with the processes of massification and alienation.

From the movement of apprehending reality and leaving the level of appearance, it becomes possible to demystify and decode the prison scenario, thinking about coping strategies and social mediation. Reflecting and intervening in an institution such as prison, characterized by the violation of rights, is a challenge.

It is relevant to emphasize the need for studies and research that unveil and present critical reflections on the prison context, highlighting its contradictions and emphasizing the importance of strengthening the instances of monitoring, inspection and social control of penal execution, with a view to guaranteeing rights.

The observation of the prison as an environment that sickens the subjects brings light to the need for visibility to the theme, showing how much the processes of imprisonment modify the identity of the subjects who are inserted in the prison system, being a space of social control that shapes new subjectivities for individuals and detaches them from their previously lived reality.

## REFERENCES


ANDREOLI, S.B.; RIBEIRO S.W.; QUINTANA M.I.S; HIGASHI, M.K.; DINTOF A.M. Estudo da prevalência de transtornos mentais na população prisional do estado de São Paulo. Relatório Científico Final. Brasília: CNPq, 2008.

BRASIL. Lei no 7.210/1984. Institui a Lei de Execução Penal. Disponível em: <http://www.planalto.gov.br/ccivil_03/leis/l7210.htm>. Acesso em 14 de junho de 2021.

BRINDED P.M.; Simpson A.I.; LAIDLAW, T.M.; FAIRLEY, N.; MALCOLM F. Prevalence of psychiatric disorders in new Zealand prisons: a national study. Aust N Z Psychiatry, 2001, 35: 166-173.

COHN, A. O estudo das políticas de saúde: implicações e fatos. In: CAMPOS, G. W. S et al. (Org.), Tratado de saúde coletiva. São Paulo: Hucitec, 2012. p. 219-246.

CONSTANTINO, Patricia; ASSIS, S. G. PINTO, Liana Wernersbach. O impacto da prisão na saúde mental dos presos do estado do Rio de Janeiro, Brasil. In: Ciência & Saúde Coletiva (Online). V. 21, p. 2089-2100, 2016.

DEPARTAMENTO PENITENCIÁRIO NACIONAL. DIRETORIA DE POLÍTICAS PENITENCIÁRIAS. Modelo de Gestão para a Política Prisional. Brasília: 2016.

DRAIBE, Sônia. As políticas sociais e o neoliberalismo – reflexões suscitadas pelas experiências latino-americanas. In: Revista USP (Universidade de São Paulo), São Paulo, 1996.

FACEIRA, Lobelia. Por mais longa que seja a noite, o sol volta sempre a brilhar! A memória rompendo o silêncio entre paredes do cárcere. In: GEIGER, Amir, DODEBEI, Vera e FARIAS, Francisco. Por que memória social. 1. ed. Rio de Janeiro: Híbrida, 2016

GOFFMAN, E. Estigma: Notas sobre a Manipulação da Identidade Deteriorada. 4ª ed. Rio de Janeiro: LTC, 1963, pp. 11-48.

GOFFMAN, E. Manicômios Prisões e Conventos. 2ª ed. São Paulo: Ed. Perspectiva AS, 1987.

GRAMSCI, A. Cartas do cárcere: 1926-1930 (v.1). Rio de Janeiro: Civilização Brasileira, 2005.

HANEY, Craig; BANKS, Curtis & ZEMBARDO, Philip. A study of prisioners and guards in a simulated prision. 1973.

HUMAN RIGHTS WATCH. World Report 2016. Our annual review of human rights around the globe. Disponível em: https://www.hrw.org/es/world-report/2016/countrychapters/285490#55c37b . Acesso em: 13 de jan de 2021.

IRÍAS-ORTIZ R.; MARTÍNEZ-MOLINA G.; AMAYA-MARTINEZ G.; SOTO R.J.; REYES-TICAS A. Prevalência de transtornos mentales em personas privadas de libertad. In: Rev. Med. Post. UNAH, 1999, 4:129-136.

MECANISMO ESTADUAL DE PREVENÇÃO E COMBATE À TORTURA DO RIO DE JANEIRO. Relatório parcial sobre os impactos do COVID-19 no sistema prisional do Rio de Janeiro. Rio de Janeiro: julho, 2020.

MINAYO, M.C. Estudo das condições de saúde e qualidade de vida dos presos e custodiadores e das

condições ambientais do sistema prisional do Rio de Janeiro. Relatório de Pesquisa: FAPERJ, 2014.

MINERVINE, J. Psychiatri eenmilieupénitentiaire. 1ére Journé dês soins Psychiatriquesen Milieu Peenitentiaire Conference. Franche-Comté, France, 2001.

MINISTÉRIO DA JUSTIÇA E SEGURANÇA PÚBLICA, DEPARTAMENTO PENITENCIÁRIO NACIONAL. Levantamento Nacional de Informações Penitenciárias. Brasília: 2019.

MINISTÉRIO DA JUSTIÇA E SEGURANÇA PÚBLICA, DEPARTAMENTO PENITENCIÁRIO NACIONAL. Levantamento Nacional de Informações Penitenciárias. Brasília: 2020.

MINISTÉRIO DA JUSTIÇA, DEPARTAMENTO PENITENCIÁRIO NACIONAL. Sistema de Informações do Departamento Penitenciário Nacional – SISDEPEN. Brasília:2022.

TEPLIN, L.A.; ABRAM, K. M. MCClelland, G.M. Prevalence of psychiatric disorders among incarcerated women. Arch Gen Psychiatry. 1996.

WORLD HEALTH ORGANIZATION (WHO). Health in prisions: a WHO guide to thr essentials in prison health. Copenhagen: Organization regional Office for Europe, 2007.
BRASIL. Constituição da República Federativa do Brasil de 1988.

UNODC & OMS. Relatório mundial sobre Drogas. Viena, 2013.